

## MONTHLY OPERATING REPORT

### CHAPTER 11

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee For Period June 1 to June 30, 2010

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 7/29/10  
(date)

Debtor(s)\*: \_\_\_\_\_

By:\*\* \_\_\_\_\_

Position: Controller

Name of preparer: Chris Cooley

Telephone No. of Preparer 601-981-0070 ext 233

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

COMPARATIVE BALANCE SHEET

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

Filing Date	Month	Month	Month	Month	Month	Month
	12/31/09	1/31/10	2/28/10	3/31/10	4/30/10	5/31/10
ASSETS:						
CURRENT ASSETS:						
Cash.....	1,685,525	1,484,147	1,388,697	1,371,649	1,360,916	1,384,342
Accounts Receivable, Net.....	292,898	293,506	293,114	300,924	300,017	299,853
Inventory, at lower of cost or market.....	0	0	0	0	0	0
Prepaid expenses & deposits.....	75000	84930	78400	79800	76,636	77,213
Other <u>Receivable from Sale of Assets</u>	19,656	19,656	19,656	19,656	0	0
TOTAL CURRENT ASSETS.....	2,065,267	2,083,009	1,975,721	1,701,267	1,737,529	1,761,468
PROPERTY, PLANT & EQUIPMENT.....						
Less accumulated depreciation.....	0	0	0	0	0	0
NET PROPERTY, PLANT & EQUIPMENT.....	56,726	55,733	55,733	55,733	55,733	55,733
OTHER ASSETS						
<u>Deposits</u>						
TOTAL OTHER ASSETS.....	56,726	55,733	55,733	55,733	55,733	55,733
TOTAL ASSETS.....	2,121,993	2,138,742	1,931,442	1,837,000	1,888,704	1,817,201

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

COMPARATIVE BALANCE SHEET

CASE NAME: Pearce v. Keating LLC  
CASE NUMBER: 09-02016-ee

Filing Date	Month	Month	Month	Month	Month	Month
	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09
ASSETS:						
CURRENT ASSETS:						
Cash.....	570,988	513,396	406,712	417,638	611,431	670,134
Accounts Receivable, Net.....	960,787	773,450	807,823	754,398	333,169	277,976
Inventory, at lower of cost or market.....	365,452	372,870	402,765	0	0	0
Prepaid expenses & deposits.....	118,110	151,593	170,837	122,958	820,94	82,448
Other <u>Receivable from Sale of Assets</u>				954,185	954,185	954,185
TOTAL CURRENT ASSETS.....	2019,337	2002,363	1,860,452	2,249,179	1,980,929	1,984,743
PROPERTY, PLANT & EQUIPMENT.....	2386,097	2386,097	2386,096	0	0	0
Less accumulated depreciation.....	2244,328	2244,328	2244,328	0	0	0
NET PROPERTY, PLANT & EQUIPMENT.....	141,769	141,769	141,769	0	0	0
OTHER ASSETS <u>Deposits</u>	48,192	54,193	56,762	56,726	56,726	56,726
TOTAL OTHER ASSETS.....	48,192	54,193	56,762	56,726	56,726	56,726
TOTAL ASSETS.....	2120,728	2191,360	2,063,983	2,305,905	2,037,655	2,041,469

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

\* Adjustments from May 31, 2009 to June 9, 2009 are not available.

COMPARATIVE BALANCE SHEET

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

LIABILITIES:

POST-PETITION LIABILITIES:

Taxes payable (Form 2-E, pg.1 of 3).....  
Accounts payable (Form 2-E, pg.1 of 3).....  
Other: Misc. Accounts

TOTAL POST-PETITION LIABILITIES:.....

PRE-PETITION LIABILITIES:

Notes payable - secured.....  
Priority debt.....  
Unsecured debt.....  
Other.....

TOTAL LIABILITIES:.....

EQUITY (DEFICIT)

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....

Post filing date.....

TOTAL EQUITY (NET WORTH).....

TOTAL LIABILITIES & EQUITY.....

Filing Date	Month 11/31/10	Month 2/28/10	Month 3/31/10	Month 4/30/10	Month 5/31/10	Month 6/30/10
12/31/09						
0	0	0	0	0	0	0
92,775	98,140	98,765	98,764	92,265	92,265	92,265
206,887	231,038	112,386	460,433	441,445	29,099	44,200
299,662	329,178	211,151	144,807	136,410	121,364	136,465
5,594,513	5,595,647	5,595,021	5,595,022	5,595,019	5,602,522	5,602,523
5894,175	5,924,925	5,806,172	5,739,829	5,731,429	5,723,886	5,738,988
5,994,125				5,994,125		
(9,635,427)	5,994,125	5,994,125	5,994,125	5,731,429	5,994,125	5,994,125
				(9,635,427)	(9,635,427)	(9,635,427)
(9,635,427)	(9,635,427)	(9,635,427)	(9,635,427)			
(130,880)	2,144,781	2,233,420	2,601,527	(281,423)	(289,322)	(280,485)
(3,772,182)	(3,786,083)	(3,874,732)	(3,902,829)	(3,922,725)	(3,930,624)	(3,921,787)
2,121,993	2,138,742	1,931,442	1,837,000	1,908,704	1,793,262	1,817,201

\*\* Included amounts billed to Prevalence that are disputed by Prevalence  
\*\*\* Includes amounts owed to SafeMeds that were paid to Prevalence



CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month	Month
	01/10-01/30/12					
NET REVENUE.....	0					
COST OF GOODS SOLD:						
Material.....						
Labor - Direct.....						
Manufacturing Overhead.....						
TOTAL COST OF GOODS SOLD:	0					
GROSS PROFIT:.....	0					
OPERATING EXPENSES:						
Selling and Marketing.....						
General and Administrative (rents, utilities, salaries, etc.).....	8,454					
Other.....						
TOTAL OPERATING EXPENSES.....	8,454					
INTEREST EXPENSE.....	383					
INCOME BEFORE DEPRECIATION OR TAXES:	8,837					
DEPRECIATION OR AMORTIZATION.....						
EXTRAORDINARY EXPENSES *.....						
INCOME TAX EXPENSE (BENEFIT).....						
NET INCOME (LOSS).....	8,837					

\* Requires explanation in NARRATIVE (Form 2-F)

PROFIT AND LOSS STATEMENT

CASE NAME: Prevalence Health  
CASE NUMBER: 09-02016-ee

	Month	Month	Month	Month	Month
	12/1/09 - 12/31/09	1/1/10 - 1/31/10	2/1/10 - 2/28/10	3/1/10 - 3/31/10	4/1/10 - 4/30/10 5/1/10 - 5/31/10
NET REVENUE.....	0	0	0	0	0
COST OF GOODS SOLD:					
Material.....*	33760	0	0	0	0
Labor - Direct.....					
Manufacturing Overhead.....					
TOTAL COST OF GOODS SOLD:.....	33760	0	0	0	0
GROSS PROFIT:.....	<33760>	0	0	0	0
OPERATING EXPENSES:					
Selling and Marketing.....	13,150	13,901	88,647	28,099	625 8259
General and Administrative (rents, utilities, salaries, etc.).....*				28,099	
Other.....					
TOTAL OPERATING EXPENSES.....	13150	13,901	88,647	28,099	625 8259
INTEREST EXPENSE.....	549	0	0	0	<360>
INCOME BEFORE DEPRECIATION OR TAXES:.....	<47,459>	<13,901>	<88,647>	<28,099>	<240> <7899>
DEPRECIATION OR AMORTIZATION.....	0	0	0	0	
EXTRAORDINARY EXPENSES *... Gain/Loss of Assets	0	0	0	0	<19,656>
INCOME TAX EXPENSE (BENEFIT).....	0	0	0	0	
NET INCOME (LOSS).....	<47,459>	<13,901>	<88,647>	<28,099>	<19,894> <7899>

\*Requires explanation in NARRATIVE (Form 2-F)

\* Cost of sales for SafeMeds' benefit - reimbursed by SafeMeds  
\*\* Includes COS expenses for SafeMeds - reimbursed by SafeMeds, plus disputed billings by third parties.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

Month *	Month	Month	Month	Month	Month
6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09	9/1/09 - 9/30/09	10/1/09 - 10/31/09	11/1/09 - 11/30/09
1,234,205	1,136,933	1,051,684	986,153	49,570	0
1,029,341	948,373	880,562	816,815	31,379	4,1225
1,029,341	948,373	880,562	816,815	31,379	4,1225
205,864	188,560	171,122	69,338	18,191	1,225
329,598	291,324	211,439	205,451	46,513	45,536
	1,491	1,488	615	287	202
412,7347	4104,2557	411,8057	4136,7287	428,6097	444,5137
8765	8412	8240	7955	0	0
0			400,650	27943	
0					
4131,4997	4112,6677	450,0457	255,967	46,647	444,5137

FORM 2-C  
1/08

\* Adjustments from May 31, 2009 to June 9, 2009 are not available.



CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period 6/1 to 6/30, 2010

**CASH RECONCILIATION**

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 1,360,916
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 421,566
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$( 398,040 )
4. Net Cash Flow \$ 23,526
5. Ending Cash Balance (to FORM 2-B) \$ 1,384,342

**CASH SUMMARY - ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$	
2. <del>Trust Account</del> <u>DIP Acct</u>	\$ <u>94</u>	<u>Regions</u>
3. Operating and/or Personal Account	\$ <u>446,044</u>	<u>Regions</u>
4. Payroll Account	\$	<u>0</u>
5. Tax Account	\$	
6. Other Accounts (Specify checking or savings) <u>Sales Proceeds</u>	\$ <u>938,204</u>	<u>Regions</u>
7. Cash Collateral Account	\$	
8. Petty Cash	\$	
TOTAL (must agree with line 5 above) <u>\$ 1,384,342</u>		

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less inter-account transfers & UST fees paid \$ 398,040 \*

\* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED 4/30/10 5/31/10

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ <u>499,937</u>			
February	\$ <u>763,379</u>			
March	\$ <u>601,386</u>			
Total				
1st Quarter	\$ <u>1,864,702</u>	\$ <u>6,500</u>	<u>61434</u>	<u>4/20/10</u>
April	\$ <u>436,370</u>			
May	\$ <u>567,203</u>			
June	\$ <u>398,040</u>			
Total				
2nd Quarter	\$ <u>1,401,613</u>	\$ <u>6,500</u>	<u>61435</u>	<u>7/29/10</u>
July	\$ _____			
August	\$ _____			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____	_____	_____
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____	_____	_____

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevailing Health CASE NUMBER: 09-02016-ee

### QUARTERLY FEE SUMMARY

MONTH ENDED \_\_\_\_\_

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date	
January	\$ _____				
February	\$ _____				
March	\$ _____				
Total					
1st Quarter	\$ _____	\$ _____			
April	\$ _____				
May	\$ _____				
June	\$ <u>825,337</u>				
Total					
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875</u> *	<u>61179</u>	<u>7/20/09</u>	* Actually Paid 6,500
July	\$ <u>1,309,312</u>				
August	\$ <u>1,070,434</u>				
September	\$ <u>920,721</u>				
Total					
3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400</u> *	<u>61390</u>	<u>10/16/09</u>	* Actually paid \$8,775 to make up for overpay in 2nd Qtr.
October	\$ <u>448,995</u>				
November	\$ <u>472,141</u>				
December	\$ <u>606,031</u>				
Total					
4th Quarter	\$ <u>1,567,217</u>	\$ <u>6,500</u>	<u>61430</u>	<u>3/8/10</u>	

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 6/1 to 6/30, 2010

Account Name: Prevalence Health Account Number: 0101894579  
DIP Account

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
6/30/10		

Total Cash Receipts \$ 0

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 6/1 to 6/30, 2010

Account Name: Prevalence Health Account Number: 0101894579  
DIP Account

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
6/9/10	A C H	Regions	Bank fees	23.80

Total Cash Disbursements \$ 23.80

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 6/1 to 6/30, 2010

Account Name: Prevalence Health Account Number: 0121078971  
Asset Sale MM

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
<u>6/30/10</u>	<u>Interest Revenue</u>	<u>382.91</u>

Total Cash Receipts \$ 382.91

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 6/1 to 6/30, 2010

Account Name: Prevalence Health Account Number: 0121078971  
Asset sale num

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
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Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: 09-02016-ee

CASE NUMBER: Prevalence Health

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 6/1 to 6/30, 2010

Account Name: Prevalence Health Account Number: 9001277993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
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*See Attached*

Total Cash Receipts \$ \_\_\_\_\_



**Prevalence Health LLC**

Cash Deposits

<b>Type</b>	<b>Date</b>	<b>Description / Source</b>	<b>Amount</b>
Deposit	6/1/2010	Patient Co-Payment	\$601.73
Deposit	6/1/2010	Patient Co-Payment	\$44.07
Deposit	6/1/2010	Patient Co-Payment	\$43.61
Deposit	6/2/2010	Insurance Reimbursement	\$472.83
Deposit	6/3/2010	Insurance Reimbursement	\$15,581.20
Deposit	6/3/2010	Insurance Reimbursement	\$8,613.45
Deposit	6/3/2010	Insurance Reimbursement	\$6,644.43
Deposit	6/3/2010	Insurance Reimbursement	\$1,527.13
Deposit	6/3/2010	Patient Co-Payment	\$10.53
Deposit	6/4/2010	Insurance Reimbursement	\$13,881.95
Deposit	6/4/2010	Patient Co-Payment	\$520.55
Deposit	6/4/2010	Insurance Reimbursement	\$8,171.80
Deposit	6/7/2010	Patient Co-Payment	\$120.14
Deposit	6/7/2010	Patient Co-Payment	\$20.00
Deposit	6/8/2010	Patient Co-Payment	\$571.11
Deposit	6/8/2010	Insurance Reimbursement	\$9,865.15
Deposit	6/9/2010	Insurance Reimbursement	\$11,946.15
Deposit	6/9/2010	Patient Co-Payment	\$316.40
Deposit	6/9/2010	Patient Co-Payment	\$141.00
Deposit	6/9/2010	Insurance Reimbursement	\$2.97
Deposit	6/10/2010	Insurance Reimbursement	\$2.01
Deposit	6/10/2010	Patient Co-Payment	\$278.70
Deposit	6/10/2010	Insurance Reimbursement	\$70,552.80
Deposit	6/10/2010	Insurance Reimbursement	\$603.07
Deposit	6/10/2010	Patient Co-Payment	\$312.40
Deposit	6/11/2010	Insurance Reimbursement	\$13,282.33
Deposit	6/14/2010	Patient Co-Payment	\$1,252.12
Deposit	6/14/2010	Patient Co-Payment	\$19.20
Deposit	6/15/2010	Insurance Reimbursement	\$13,075.97
Deposit	6/15/2010	Patient Co-Payment	\$693.73
Deposit	6/15/2010	Insurance Reimbursement	\$11,250.06
Deposit	6/16/2010	Insurance Reimbursement	\$54,612.11
Deposit	6/16/2010	Patient Co-Payment	\$72.98
Deposit	6/16/2010	Insurance Reimbursement	\$45.58
Deposit	6/17/2010	Patient Co-Payment	\$1,685.45
Deposit	6/17/2010	Insurance Reimbursement	\$19,344.46
Deposit	6/17/2010	Insurance Reimbursement	\$5,829.96
Deposit	6/17/2010	Patient Co-Payment	\$42.65
Deposit	6/18/2010	Insurance Reimbursement	\$7,072.87
Deposit	6/18/2010	Insurance Reimbursement	\$19,344.46
Deposit	6/18/2010	Insurance Reimbursement	\$8,416.83
Deposit	6/18/2010	Patient Co-Payment	\$14.30
Deposit	6/21/2010	Insurance Reimbursement	\$1,004.97
Deposit	6/21/2010	Patient Co-Payment	\$1,044.92
Deposit	6/21/2010	Patient Co-Payment	\$147.62
Deposit	6/22/2010	Refund from Cancellation of Insurance Policy	\$9,164.45
Deposit	6/22/2010	Insurance Reimbursement	\$35,809.44
Deposit	6/22/2010	Insurance Reimbursement	\$9,932.76
Deposit	6/23/2010	Patient Co-Payment	\$8.75
Deposit	6/24/2010	Insurance Reimbursement	\$1,108.00
Deposit	6/24/2010	Patient Co-Payment	\$6.30
Deposit	6/25/2010	Insurance Reimbursement	\$6,667.72
Deposit	6/25/2010	Patient Co-Payment	\$1,086.82
Deposit	6/25/2010	Insurance Reimbursement	\$11,970.83
Deposit	6/25/2010	Insurance Reimbursement	\$779.79
Deposit	6/28/2010	Insurance Reimbursement	\$10,225.22
Deposit	6/28/2010	Patient Co-Payment	\$186.00
Deposit	6/28/2010	Patient Co-Payment	\$59.20
Deposit	6/30/2010	Insurance Reimbursement	\$25,074.76
Deposit	6/30/2010	Patient Co-Payment	\$5.76
			<u>\$421,183.55</u>

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 6/1 to 6/30, 2010

Account Name: Prevalence Health Account Number: 9001277993

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

*See Attached*

Total Cash Disbursements \$ \_\_\_\_\_

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

**Prevalence Health LLC**

Cash Disbursements

Date	Num	Vendor	Reason	Amount
Check	6/2/2010	Pitney Bowes-INTERNAL USE ONLY	SafeMeds to Reimburse	(\$200.00)
Check	6/2/2010	Regions Bank	Bank Fees	(\$90.95)
Check	6/3/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$24,205.18)
Check	6/3/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$6,644.43)
Check	6/4/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$12,669.58)
Check	6/4/2010	Regions Bank	Bank Fees	(\$6.50)
Check	6/7/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$22,574.26)
Check	6/9/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$10,576.40)
Check	6/9/2010	Regions Bank	Bank Fees	(\$6.50)
Check	6/9/2010	Regions Bank	Bank Fees	(\$394.09)
Check	6/10/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$70,552.80)
Check	6/10/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$12,406.52)
Check	6/10/2010	Pitney Bowes-INTERNAL USE ONLY	SafeMeds to Reimburse	(\$200.00)
Check	6/15/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$15,749.83)
Check	6/17/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$19,344.46)
Check	6/18/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$106,652.96)
Check	6/22/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$17,701.47)
Check	6/22/2010	Regions Bank	Bank Fees	(\$12.75)
Check	6/22/2010	Regions Bank	Bank Fees	(\$10.80)
Check	6/23/2010	Pitney Bowes-INTERNAL USE ONLY	SafeMeds to Reimburse	(\$200.00)
Check	6/25/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$46,841.70)
Check	6/25/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$11,970.83)
Check	6/29/2010	SafeMeds Solutions	AR Collections Reimbursement	(\$19,004.75)
Check	6/30/2010	Regions Bank	Bank Fees	(\$0.09)
				<u>(\$398,016.85)</u>

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period 6/1 to 6/30, 2010

**POST-PETITION ACCOUNTS PAYABLE AGING REPORT**

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$	\$	\$	\$

*See Attached*

\* Reflects charges billed to Prevalence, including charges disputed by Prevalence

**Prevalence Health, LLC  
Post Petition Accounts Payable  
June 30, 2010**

Vendor	Date	No.	Due Date	Agg	Open	Balance	Memo
Advocate Solutions	6/15/2009	2032	6/15/2009	380	\$664.00	120+	
Williams Montgomery & John Ltd.	6/15/2009	155576	6/15/2009	380	\$2,749.36	120+	
Westwood Square, P/S/P	6/20/2009		6/20/2009	375	\$250.00	120+	
Hamilton Partners	6/20/2009		6/20/2009	375	\$14,769.94	120+	
Avaya, Inc.	6/26/2009	2728939461	6/26/2009	369	\$761.49	120+	
Wells Fargo Financial Leasing	6/30/2009	6745121525	7/15/2009	365	\$298.03	120+	
Anda	7/1/2009	774707	7/1/2009	364	(\$48.43)	120+	
Anda	7/1/2009	775310	7/1/2009	364	(\$47.54)	120+	
Anda	7/2/2009	780875	7/2/2009	363	(\$30.00)	120+	
Hamilton Partners	7/2/2009	090702-10786	7/2/2009	363	\$2,080.33	120+	
Young Williams P.A.	7/7/2009	49592 Pre	9/5/2009	358	\$1,011.50	120+	
ComEd- Commonwealth Edison	7/8/2009	6/8-7/8/09	8/7/2009	357	\$479.16	120+	
Broward County Revenue Collector	7/14/2009	Local Business Tax Renewal	7/14/2009	351	\$45.00	120+	
North Shore Gas	7/16/2009	6/12-7/14/09	7/31/2009	349	\$69.30	120+	
Toyota Financial Services	7/17/2009	4000250558	8/9/2009	348	\$207.09	120+	
Hamilton Partners	7/17/2009	090717-10786	7/17/2009	348	\$633.01	120+	
Westwood Square, P/S/P	7/20/2009		7/20/2009	345	\$250.00	120+	
Hamilton Partners	7/20/2009		7/20/2009	345	\$14,769.94	120+	
Banc Of America Leasing	7/21/2009	011093620	8/15/2009	344	\$326.50	120+	
Avaya, Inc.	7/26/2009	2729047343	7/26/2009	339	\$761.48	120+	
North Shore Gas	7/30/2009	6/9-7/14/09	8/14/2009	335	\$69.26	120+	
- No Vendor -	7/31/2009	854	7/31/2009	334	(\$7,782.84)	120+	
Wells Fargo Financial Leasing	7/31/2009	6745159529	8/15/2009	334	\$298.03	120+	
Aetna Maintenance, Inc.	8/1/2009	82761	8/31/2009	333	\$500.32	120+	
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	9/5/2009	328	\$1,135.03	120+	
North Shore Gas	8/13/2009	7/14-8/12/09	8/28/2009	321	\$140.69	120+	
Westwood Square, P/S/P	8/20/2009		8/20/2009	314	\$250.00	120+	
Hamilton Partners	8/20/2009		8/20/2009	314	\$14,769.94	120+	
Banc Of America Leasing	8/21/2009	011138583	9/15/2009	313	\$291.50	120+	
Young Williams P.A.	8/24/2009	49592 Post - 1	10/23/2009	310	\$74.75	120+	
Avaya, Inc.	8/26/2009	2729164647	8/26/2009	308	\$761.48	120+	
Quill	8/28/2009	8951299	9/27/2009	306	\$110.85	120+	
Wells Fargo Financial Leasing	8/31/2009	6745198232	9/15/2009	303	\$298.03	120+	
Aetna Maintenance, Inc.	9/1/2009	92762	10/1/2009	302	\$500.32	120+	
CT Corporation	9/1/2009	2004471657-00	9/1/2009	302	\$1,620.00	120+	
Quill	9/3/2009	9080458	10/3/2009	300	\$72.79	120+	
ComEd- Commonwealth Edison	9/4/2009	8/6-9/4/09	10/4/2009	299	\$1,608.16	120+	
North Shore Gas	9/16/2009	8/12-9/14/09	10/1/2009	287	\$70.44	120+	
Westwood Square, P/S/P	9/20/2009		9/20/2009	283	\$250.00	120+	
Banc Of America Leasing	9/20/2009		10/15/2009	283	\$291.50	120+	
Hamilton Partners	9/20/2009		9/20/2009	283	\$14,769.94	120+	
Avaya, Inc.	9/26/2009	2729265177	9/26/2009	277	\$761.48	120+	
Moore Wallace An RR Donnelley Co.	9/29/2009	873050230	10/29/2009	274	\$134.50	120+	
Moore Wallace An RR Donnelley Co.	9/29/2009	169997267	10/29/2009	274	\$1,313.09	120+	
Wells Fargo Financial Leasing	9/30/2009	6745237646	10/15/2009	273	\$298.03	120+	
Avaya, Inc.	10/1/2009	2729282145	10/1/2009	272	\$264.42	120+	
Aetna Maintenance, Inc.	10/1/2009	105711	10/31/2009	272	\$500.32	120+	
ComEd- Commonwealth Edison	10/6/2009	9/4-10/6/09	11/5/2009	267	\$2,051.14	120+	
North Shore Gas	10/14/2009	9/14-10/14/09	10/29/2009	259	\$287.75	120+	
Sun Microsystems Global Financial Services	10/15/2009	591219022 1911	10/15/2009	258	(\$1,579.44)	120+	
Westwood Square, P/S/P	10/20/2009		10/20/2009	253	\$250.00	120+	
Machost Road LLC	10/20/2009		10/20/2009	253	\$1,600.00	120+	
Hamilton Partners	10/20/2009		10/20/2009	253	\$14,769.94	120+	
Banc Of America Leasing	10/21/2009	11226721	11/15/2009	252	\$291.50	120+	
Wells Fargo Financial Leasing	10/30/2009	6745277684	11/14/2009	243	\$298.03	120+	
City of Zachary	11/6/2009	02-00760402	11/26/2009	236	\$9.81	120+	
Banc Of America Leasing	12/21/2009	011311429	1/15/2010	191	\$343.00	120+	
Securian Retirement Services	1/1/2010	01012010/03312010	1/1/2010	180	\$571.00	120+	
					<u>\$92,264.92</u>		

**Prevalence Health, LLC**  
**Accrued Expenses - Month End Accruals**  
**June 2010**

<u>Description</u>	<u>Amount</u>
Misc Accrual	7,284.00
US Trustee Fee	2,200.00
2008 Audit & Tax Return	4,979.00
2008 FL operating expenses - Rent	134.00
ABC Interest Post	1,278.00
LA Script Fee	934.00
AR Collections Owed to SafeMeds Solutions	25,081.00
401k Admin Fees	2,310.00
Total Accrued Expenses	<u>44,200.00</u>
Balance per GL	<u>44,200.00</u>
Difference	<u>-</u>

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CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

## SUPPORTING SCHEDULES

For Period 6/1 to 6/30, 2010

## ACCOUNTS RECEIVABLE AGING REPORT

[illegible]

See Attached

7/29/2010

**Prevalence Health, LLC**  
**Accounts Receivable Summary**  
**May 31 2010**

Receivable from:	Current	31-60	61-90	91 - 120	120+	Total
Insurance (Medicaid)	\$ -	\$ -	\$ -	\$ -	\$ 283,292	\$ 283,292
Patients (Co-Pay)	-	-	-	-	207,279	207,279
Total Accounts Rec	\$ -	\$ -	\$ -	\$ -	\$ 490,571	\$ 490,571
Estimated Reserve	-	-	-	-	348,925	348,925
Insurance Patients	0.25%	0.25%	2.0%	5.0%	50.0%	
	25.0%	50.0%	100.0%	100.0%	100.0%	
AR per ScriptMed Deposits in NetSuite not ScriptMed	\$ 490,571					
Not in Amount Due SafeMeds						
Difference in MS Medicaid Rec Vs Posted						
Adjusted AR per ScriptMed	490,571					
AR per GL	490,571					
Difference	-					

B:\2010 Reconciliations\2010 AR Aging Analysis.xls

Prepared by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_



**Prevalence Health**  
**AR Aging - 6/30/2010**

<u>Plan</u>	<u>Total</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>
Aetna Part D- LA	36.00					36.00
Ameri Group- FL	261.00					261.00
American Prog Part D- FL	1,200.00					1,200.00
Community Care Part D- FL	2,112.00					2,112.00
Community Care Part D- LA	2,562.00					2,562.00
Coventry Part D- LA	113.00					113.00
Florida Medicaid	21,082.00					21,082.00
Florida Medicaid DME	48,959.00					48,959.00
Healthspring Part D- LA	1,974.00					1,974.00
Humana Part D- FL	3,945.00					3,945.00
Humana Part D- LA	579.00					579.00
Illinois Medicaid	9,999.00					9,999.00
Indiana Medicaid	927.00					927.00
Louisiana Medicaid	47,498.00					47,498.00
MS Blue Cross LA/MS	588.00					588.00
Medco Part D- FL	20.00					20.00
Medco Part D- LA	1,800.00					1,800.00
Member Health Part D- FL	1,843.00					1,843.00
Member Health Part D- LA	3,011.00					3,011.00
Marquette National Part D- FL	706.00					706.00
Marquette National Part D- LA	256.00					256.00
Mississippi Medicaid	16,055.00					16,055.00
Mississippi Med Supplies	66,470.00					66,470.00
NDC Part D- LA	31.00					31.00
Omnisys Medicare- IL	31,562.00					31,562.00
Pacificare Part D-FL	2,501.00					2,501.00
Pacificare Part D- LA	1,604.00					1,604.00
Pacificare Wrap Part D- LA	577.00					577.00
Amerigroup PCS- FL	1,306.00					1,306.00
POS Temp Payment Part D- LA	74.00					74.00
RX America Part D- LA	257.00					257.00
Silverscript Part D- LA	1,004.00					1,004.00
Tennessee Medicaid	1,519.00					1,519.00
United Healthcare- FL	156.00					156.00
Unicare Part D- FL	4,548.00					4,548.00
Unicare Part D- LA	136.00					136.00
Wellcare Healthease	2,125.00					2,125.00
Wellcare Part D- FL	3,355.00					3,355.00
Wellcare Part D- LA	541.00					541.00
<b>Total</b>	<b>283,292.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>283,292.00</b>

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period 6/1 to 6/30, 20 10

**INSURANCE SCHEDULE**

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation				
General Liability				
Property (Fire, Theft)				
Vehicle				
Other (list):				
<u>D&amp;D</u>	<u>Darwin National</u>	<u>3,000,000</u>	<u>3/1/11</u>	<u>Yes</u>

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

**Prevalence Health, LLC**  
**Reconciliation Summary - 1001 Regions**  
**As of 6/30/2010**

<b>ID</b>	<b>Balance</b>
<b>Reconciled</b>	
Cleared Deposits and Other Credits	421,183.55
Cleared Checks and Payments	(398,016.85)
<b>Total - Reconciled</b>	<b>23,166.70</b>
Last Reconciled Statement Balance - 5/31/2010	426,230.60
Current Reconciled Balance	449,397.30
Reconcile Statement Balance - 6/30/2010	449,397.30
Difference	0.00
<b>Unreconciled</b>	
<b>Uncleared</b>	
Checks and Payments	(4,879.11)
<b>Total - Uncleared</b>	<b>(4,879.11)</b>
<b>Cleared</b>	
Deposits and Other Credits	1,577.64
<b>Total - Cleared</b>	<b>1,577.64</b>
<b>Total as of 6/30/2010</b>	<b>446,095.83</b>



**Prevalence Health, LLC**  
**Reconciliation Detail - 1001 Regions**  
**As of 6/30/2010**

ID	Date	No.	Balance
<b>Reconciled</b>			
<b>Cleared Deposits and Other Credits</b>			
Deposit	6/1/2010		43.61
Deposit	6/1/2010		601.73
Deposit	6/1/2010		44.07
Deposit	6/2/2010		472.83
Deposit	6/3/2010		6,644.43
Deposit	6/3/2010		10.53
Deposit	6/3/2010		15,581.20
Deposit	6/3/2010		1,527.13
Deposit	6/3/2010		8,613.45
Deposit	6/4/2010		8,171.80
Deposit	6/4/2010		520.55
Deposit	6/4/2010		13,881.95
Deposit	6/7/2010		120.14
Deposit	6/7/2010		20.00
Deposit	6/8/2010		9,865.15
Deposit	6/8/2010		571.11
Deposit	6/9/2010		11,946.15
Deposit	6/9/2010		316.40
Deposit	6/9/2010		141.00
Deposit	6/9/2010		2.97
Deposit	6/10/2010		312.40
Deposit	6/10/2010		2.01
Deposit	6/10/2010		70,552.80
Deposit	6/10/2010		278.70
Deposit	6/10/2010		603.07
Deposit	6/11/2010		13,282.33
Deposit	6/14/2010		1,252.12
Deposit	6/14/2010		19.20
Deposit	6/15/2010		11,250.06
Deposit	6/15/2010		13,075.97
Deposit	6/15/2010		693.73
Deposit	6/16/2010		72.98
Deposit	6/16/2010		54,612.11
Deposit	6/16/2010		45.58
Deposit	6/17/2010		42.65
Deposit	6/17/2010		5,829.96
Deposit	6/17/2010		19,344.46
Deposit	6/17/2010		1,685.45
Deposit	6/18/2010		14.30
Deposit	6/18/2010		19,344.46
Deposit	6/18/2010		7,072.87
Deposit	6/18/2010		8,416.83
Deposit	6/21/2010		1,044.92
Deposit	6/21/2010		1,004.97
Deposit	6/21/2010		147.62
Deposit	6/22/2010		9,932.76
Deposit	6/22/2010		9,164.45
Deposit	6/22/2010		35,809.44
Deposit	6/23/2010		8.75
Deposit	6/24/2010		1,108.00
Deposit	6/24/2010		6.30
Deposit	6/25/2010		11,970.83

ID	Date	No.	Balance
Deposit	6/25/2010		1,086.82
Deposit	6/25/2010		779.79
Deposit	6/25/2010		6,667.72
Deposit	6/28/2010		59.20
Deposit	6/28/2010		10,225.22
Deposit	6/28/2010		186.00
Deposit	6/30/2010		5.76
Deposit	6/30/2010		25,074.76
Total - Cleared Deposits and Other Credits			421,183.55
Cleared Checks and Payments			
Check	6/2/2010		(90.95)
Check	6/2/2010		(200.00)
Check	6/3/2010		(6,644.43)
Check	6/3/2010		(24,205.18)
Check	6/4/2010		(6.50)
Check	6/4/2010		(12,669.58)
Check	6/7/2010		(22,574.26)
Check	6/9/2010		(10,576.40)
Check	6/9/2010		(394.09)
Check	6/9/2010		(6.50)
Check	6/10/2010		(12,406.52)
Check	6/10/2010		(70,552.80)
Check	6/10/2010		(200.00)
Check	6/15/2010		(15,749.83)
Check	6/17/2010		(19,344.46)
Check	6/18/2010		(106,652.96)
Check	6/22/2010		(10.80)
Check	6/22/2010		(17,701.47)
Check	6/22/2010		(12.75)
Check	6/23/2010		(200.00)
Check	6/25/2010		(46,841.70)
Check	6/25/2010		(11,970.83)
Check	6/29/2010		(19,004.75)
Check	6/30/2010		(0.09)
Total - Cleared Checks and Payments			(398,016.85)
Total - Reconciled			23,166.70
Last Reconciled Statement Balance - 5/31/2010			426,230.60
Current Reconciled Balance			449,397.30
Reconcile Statement Balance - 6/30/2010			449,397.30
Difference			0.00
Unreconciled			
Uncleared			
Checks and Payments			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	11/23/2009	61424	(1,579.44)
Bill Payment	11/23/2009	61423	(25.00)
Journal	5/31/2010	949	(100.00)
Total - Checks and Payments			(4,879.11)
Total - Uncleared			(4,879.11)
Cleared			
Deposits and Other Credits			

ID	Date	No.	Balance
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 6/30/2010			446,095.83







Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00038938 02 AV 0.460 002  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444



ACCOUNT # 0105057450

Cycle 001  
Enclosures 26  
Page 92  
1 of 10

**COMMERCIAL ANALYZED CHECKING**

May 29, 2010 through June 30, 2010

**SUMMARY**

Beginning Balance	\$214,268.08	Minimum Balance	\$32,527
Deposits & Credits	\$748,575.66	+	
Withdrawals	\$452,669.25	-	
Fees	\$417.39	-	
Automatic Transfers	\$0.00	+	
Checks	\$119,017.54	-	
Ending Balance	\$390,739.56		

**DEPOSITS & CREDITS**

06/01	Deposit - Thank You		1,634.81
06/03	Wire Transfer Safemeds Solut		302.15
06/03	Regions Bank Acct Trans MS364174656 Ccooley		24,205.18
06/03	Regions Bank Acct Trans MS364174656 Ccooley		6,644.43
06/04	Regions Bank Acct Trans MS364174656 Ccooley		12,669.58
06/07	Regions Bank Acct Trans MS364174656 Ccooley		22,574.26
06/09	Regions Bank Acct Trans MS364174656 Ccooley		10,576.40
06/10	Deposit - Thank You		87.88
06/10	Regions Bank Acct Trans MS364174656 Ccooley		70,552.80
06/10	Regions Bank Acct Trans MS364174656 Ccooley		12,406.52
06/11	Safemeds Solutio Debits Safemeds -Sett-Tms ACH		18.90
06/15	Deposit - Thank You		169,847.49
06/15	Regions Bank Acct Trans MS364174656 Ccooley		15,749.83
06/16	Deposit - Thank You		21,786.49
06/16	Deposit - Thank You		134.61
06/17	Regions Bank Acct Trans MS364174656 Ccooley		19,344.46
06/18	Deposit - Thank You		10,893.25
06/18	Deposit - Thank You		5,446.62
06/18	Regions Bank Acct Trans MS364174656 Ccooley		106,652.96
06/18	Safemeds Solutio Debits Safemeds -Sett-Tms ACH		26.30
06/21	Deposit - Thank You		175.77
06/22	Deposit - Thank You		126.47
06/22	Regions Bank Acct Trans MS364174656 Ccooley		17,701.47
06/22	Prism Cardinal EFT Paymnt Prevalence Hea		1,635.67
06/24	Wire Transfer Alco Investmen		108,932.46
06/24	Acs MS Title Xix Sysgen-EFT Prevalence Hea 04085518100619		4,102.38
06/24	Prism Cardinal EFT Paymnt Prevalence Hea		29.63
06/25	Deposit - Thank You		9.65
06/25	Regions Bank Acct Trans MS364174656 Ccooley		46,841.70
06/25	Regions Bank Acct Trans MS364174656 Ccooley		11,970.83
06/25	Prism Cardinal EFT Paymnt Prevalence Hea		11,040.16
06/29	Regions Bank Acct Trans MS364174656 Ccooley		19,004.75
06/29	Prism Cardinal EFT Paymnt Prevalence Hea		15,174.80



**REGIONS**

**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444



ACCOUNT # 0105057450

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**DEPOSITS & CREDITS (CONTINUED)**

06/29	Safemeds Solutio Debits Safemeds	-Sett-Tms ACH	275.00
<b>Total Deposits &amp; Credits</b>			<b>\$748,575.66</b>

**WITHDRAWALS**

06/01	Wire Transfer Cardinal Healt	17,930.42
06/01	Blue Cross of MS Insur Prem Safemeds Solut 0041599	4,995.05
06/02	Wire Transfer Cardinal Healt	49,979.86
06/02	Wire Transfer Amerisource Be	302.15
06/02	American Express Elec Remit Stacey L Holt 100601063246456	596.90
06/03	Wire Transfer Cardinal Healt	32,670.89
06/03	Wire Transfer Amerisource Be	1,056.26
06/03	Safe Meds Soluti Impound DD Impound	18,851.98
06/03	Safe Meds Soluti Impound Tax Impound	6,740.01
06/03	Safe Meds Soluti Impound Billing Impoun	112.59
06/04	Wire Transfer Cardinal Healt	18,617.51
06/04	Wire Transfer Amerisource	1,069.14
06/07	Wire Transfer Cardinal Healt	12,546.86
06/07	Wire Transfer Amerisource Be	221.28
06/08	Wire Transfer Cardinal Healt	11,598.62
06/08	Wire Transfer Amerisource Be	254.16
06/09	Wire Transfer Cardinal Healt	17,996.34
06/09	Wire Transfer Amerisource Be	212.44
06/10	Wire Transfer Cardinal Healt	8,257.26
06/10	Wire Transfer Amerisource Be	356.52
06/11	Wire Transfer Cardinal Healt	11,895.25
06/14	Regions Auto Pymt Safemeds Solut 471575999047439	1,291.37
06/15	Wire Transfer Cardinal Healt	31,849.03
06/15	Wire Transfer Amerisource Be	1,428.54
06/16	Wire Transfer Cardinal Healt	14,660.69
06/16	Republicservices Rsibillpay Safe Meds Solu 308230001998	66.96
06/17	Wire Transfer Cardinal Healt	10,273.62
06/17	Safe Meds Soluti Impound DD Impound	18,394.88
06/17	Safe Meds Soluti Impound Tax Impound	6,963.64
06/17	Safe Meds Soluti Impound Billing Impoun	110.39
06/18	Wire Transfer Cardinal Healt	8,104.11
06/18	Wire Transfer Amerisource	216.20
06/18	Regions Bank Acct Trans MS364174656 Ccooley	19,344.46
06/21	Wire Transfer Cardinal Healt	17,675.64
06/21	Wire Transfer Amerisource Be	324.64
06/22	Wire Transfer Cardinal Healt	8,556.91
06/22	Wire Transfer Amerisource Be	161.27
06/22	Return Settle Return Retire -Sett-Access	26.30
06/23	Entergy Services Bill Pay Safemeds Solut 7770024062995	503.84
06/23	Entergy Services Bill Pay Safemeds Solut 7770024062916	22.69
06/24	Bellsouth Telecom *prevalence H 9503480	486.98
06/25	Wire Transfer Cardinal Healt	36,764.64
06/25	Wire Transfer Amerisource Be	159.42



**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444



**ACCOUNT # 0105057450**

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**WITHDRAWALS (CONTINUED)**

06/28	Wire Transfer Cardinal Healt	29,057.48
06/28	Wire Transfer Amerisource Be	286.56
06/29	Wire Transfer Cardinal Healt	20,406.77
06/29	Wire Transfer Kubra	1,115.00
06/30	Wire Transfer Cardinal Healt	8,155.93
<b>Total Withdrawals</b>		<b>\$452,669.25</b>

**FEES**

06/09	Analysis Charge	05-10	417.39
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**CHECKS**

Date	Check No.	Amount	Date	Check No.	Amount
06/08	3534	58.70	06/07	3615	1,809.75
06/28	3568 *	666.02	06/04	3616	25.98
06/01	3571 *	75.00	06/04	3617	1,813.00
06/03	3576 *	15.75	06/09	3618	7,737.50
06/07	3579 *	120.55	06/07	3619	71.40
06/02	3585 *	2,031.25	06/08	3620	321.48
06/03	3586 *	9.81	06/09	3621	569.00
06/04	3588 *	339.16	06/08	3622	121.86
06/01	3589	2,011.82	06/04	3623	46.46
06/02	3590	400.00	06/09	3624	453.74
06/01	3591	489.12	06/08	3625	3,430.24
06/01	3592	987.01	06/07	3626	1,090.28
06/01	3593	1,409.50	06/04	3627	4,540.00
06/02	3595 *	40.38	06/29	3628	90.00
06/03	3596	401.12	06/21	3629	1,150.15
06/03	3597	517.25	06/21	3630	329.22
06/01	3598	7,671.04	06/17	3631	1,718.75
06/03	3599	229.13	06/23	3632	2,660.92
06/01	3600	1,589.77	06/22	3634 *	9.81
06/02	3601	3,772.84	06/17	3635	2,192.20
06/01	3602	228.63	06/21	3636	1,114.79
06/01	3603	2,050.00	06/22	3637	300.00
06/02	3605 *	835.00	06/21	3638	98.44
06/03	3606	7,500.00	06/17	3639	32.54
06/07	3607	1,823.60	06/22	3640	36.00
06/07	3608	669.03	06/22	3641	69.15
06/03	3609	313.44	06/24	3642	500.00
06/07	3610	66.00	06/21	3643	10,183.72
06/07	3611	109.90	06/21	3644	228.84
06/07	3612	176.90	06/18	3645	2,210.75
06/04	3614 *	379.22	06/21	3647 *	961.54



**REGIONS**

**Regions Bank**

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444



ACCOUNT # 0105057450

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**CHECKS (CONTINUED)**

Date	Check No.	Amount	Date	Check No.	Amount
06/21	3648	600.00	06/29	3665	273.68
06/24	3649	596.90	06/23	3666	178.69
06/25	3650	1,714.39	06/28	3667	1,037.48
06/25	3651	329.22	06/28	3668	465.61
06/25	3652	2,224.10	06/25	3669	408.00
06/29	3653	66.00	06/28	3670	3,698.18
06/28	3654	3,991.50	06/25	3671	500.00
06/25	3655	453.00	06/30	3682 *	1,768.52
06/28	3656	400.00	06/02	900086 *	562.31
06/25	3657	589.00	06/03	900087	2,681.83
06/28	3658	1,520.07	06/04	900088	2,103.75
06/28	3661 *	57.41	06/08	900089	478.36
06/28	3662	817.34	06/17	900090	2,681.83
06/25	3663	49.70	06/18	900091	3,863.75
06/28	3664	1,449.90	06/22	900092	552.57

\* Break In Check Number Sequence.

Total Checks \$119,017.54

**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
06/01	176,465.53	06/11	95,084.25	06/23	293,457.00
06/02	117,944.84	06/14	93,792.88	06/24	404,937.59
06/03	77,996.54	06/15	246,112.63	06/25	431,608.46
06/04	61,731.90	06/16	253,306.08	06/28	388,160.91
06/07	65,600.61	06/17	230,282.89	06/29	400,664.01
06/08	49,337.19	06/18	319,562.75	06/30	390,739.56
06/09	32,527.18	06/21	287,071.54		
06/10	106,960.60	06/22	296,823.14		

**You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.**

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or visit us on the Internet at [www.regions.com](http://www.regions.com).

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SAFEMEDS SOLUTIONS LLC  
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ACCOUNT # 0105057450

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Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3534  
06/08/2010  
\$58.70  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3568  
06/28/2010  
\$666.02  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3571  
06/01/2010  
\$75.00  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3576  
06/03/2010  
\$15.75  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3579  
06/07/2010  
\$120.55  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3585  
06/02/2010  
\$2031.25  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3586  
06/03/2010  
\$9.81  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3588  
06/04/2010  
\$339.16  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3589  
06/01/2010  
\$2011.82  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3590  
06/02/2010  
\$400.00  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3591  
06/01/2010  
\$489.12  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3592  
06/01/2010  
\$987.01  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3593  
06/01/2010  
\$1409.50  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3595  
06/02/2010  
\$40.38  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3596  
06/03/2010  
\$401.12  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3597  
06/03/2010  
\$517.25  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3598  
06/01/2010  
\$7671.04  
David Fink

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444  
Check# 3599  
06/03/2010  
\$229.13  
David Fink



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main  
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Jackson, MS 39201

SAFEMEDS SOLUTIONS LLC  
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ACCOUNT # 0105057450

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Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3600 06/01/2010 \$1589.77

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3601 06/02/2010 \$3772.84

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3602 06/01/2010 \$228.63

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3603 06/01/2010 \$2050.00

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3605 06/02/2010 \$835.00

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3606 06/03/2010 \$7500.00

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3607 06/07/2010 \$1823.60

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3608 06/07/2010 \$669.03

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3609 06/03/2010 \$313.44

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3610 06/07/2010 \$66.00

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3611 06/07/2010 \$109.90

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3612 06/07/2010 \$176.90

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3614 06/04/2010 \$379.22

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3615 06/07/2010 \$1809.75

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3616 06/04/2010 \$25.98

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3617 06/04/2010 \$1813.00

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3618 06/09/2010 \$7737.50

DAVID FINE

Regions Bank  
SAFEMEDS SOLUTIONS LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

Check# 3619 06/07/2010 \$71.40

DAVID FINE



Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE NO#09-02016-EE  
4270 I 55 N STE 102  
JACKSON MS 39211-6394

ACCOUNT # 0101894579

Cycle 001  
Enclosures 26  
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**COMMERCIAL ANALYZED CHECKING**  
May 29, 2010 through June 30, 2010

**SUMMARY**

Beginning Balance	\$98.11	Minimum Balance	\$74
Deposits & Credits	\$0.00 +		
Withdrawals	\$0.00 -		
Fees	\$23.80 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$74.31		

*+20 MT*  
*64*

**FEES**

06/09	Analysis Charge	05-10	23.80
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**DAILY BALANCE SUMMARY**

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
06/09	74.31				

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## Easy Steps to Balance Your Account

**4a** List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

		Checking Account
1.	Write here the amount shown on statement for <b>ENDING BALANCE</b>	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

Check No.	Amount	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>Total</b>	\$	
<b>Enter in</b>		
<b>Line 4</b>		
<b>at left</b>		

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

**Summary of Our Error Resolution Procedures  
In Case of Errors or Questions About Your Electronic Transfers**  
Telephone us toll-free at 1-800-444-2867  
(or, if in Birmingham area, 326-5667)  
or write us at  
Regions Electronic Funds Transfer Services  
Post Office Box 413  
Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

**New Accounts-** If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence



**REGIONS**

Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
4270 I 55 N STE 102  
JACKSON MS 39211-6394

ACCOUNT # 0121078971

Cycle 001  
Enclosures 26  
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**BUSINESS MONEY MARKET**  
May 29, 2010 through June 30, 2010

**SUMMARY**

<b>Beginning Balance</b>	<b>\$937,820.41</b>		<b>Minimum Balance</b>	<b>\$937,820</b>
Deposits & Credits	\$0.00	+	Average Balance	\$937,820
Net Interest Earned	\$382.91	+	Annual Percentage Yield Earned	0.45%
Withdrawals	\$0.00	-	Interest This Period	\$382.91
Fees	\$0.00	-	Average Collected Balance	\$937,820.41
Automatic Transfers	\$0.00	+	2010 YTD Interest	\$3,673.84
Checks	\$0.00	-		
<b>Ending Balance</b>	<b>\$938,203.32</b>			

**INTEREST**

06/30	Interest Payment	382.91
-------	------------------	--------

**DAILY BALANCE SUMMARY**

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
06/30	938,203.32				

**You may request account disclosures containing  
terms, fees, and rate information (if applicable)  
for your account by contacting any Regions office.**

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**4a** List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

1.	Write here the amount shown on statement for <b>ENDING BALANCE</b>	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

Check No.	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Enter in Line 4 at Left	\$

**Summary of Our Error Resolution Procedures**  
In Case of Errors or Questions About Your Electronic Transfers  
Telephone us toll-free at 1-800-444-2867  
(or, if in Birmingham area, 326-5667)  
or write us at  
Regions Electronic Funds Transfer Services  
Post Office Box 413  
Birmingham, Alabama 35201

(1) Tell us your name and account number.

(3) Tell us the dollar amount of the suspected error.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

**New Accounts-** If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence